

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

SUBMIT APPLICATION & RESUME TO THE PRINCIPAL AT THE SELECTED ESY LOCATION(S)

(Date)

TO: Principal, _____
(Name of Location)

FROM: _____, Education Support Professionals
(Employee Name)

SUBJECT: **EDUCATION SUPPORT PROFESSIONALS (ESP)
EXTENDED SCHOOL YEAR (ESY) APPLICATION**

At the present time, The School Board of Broward County has approved the 2019 summer session for the Extended School Year (ESY).

I have indicated my intentions for ESY employment by completing the information requested below.

I am interested in working **Extended School Year (ESY)** on the dates below:

- Monday, June 24, 2019 - Thursday, July 25, 2019
(Planning Date: Thursday, June 20, 2019)

Name: _____ Personnel #: _____

Bargaining Unit Date: _____ Current Position: _____

Current Work Location: _____

Work Phone #: _____ Telephone #: _____

Check all areas of experience, training or qualifications:

- | | | |
|---|--|---|
| <input type="checkbox"/> PCM | <input type="checkbox"/> Autism | <input type="checkbox"/> CPR Certified |
| <input type="checkbox"/> Pre-K/ESE | <input type="checkbox"/> SVE | <input type="checkbox"/> IND |
| <input type="checkbox"/> Unique | <input type="checkbox"/> EBD | <input type="checkbox"/> Other: _____ |

EMC/sw